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## BIB DATA SHEET

CONFIRMATION NO. 5450

<b>SERIAL NUMBER</b> 10/782,827	<b>FILING or 371(c) DATE</b> 02/23/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> SNH 3001		
<b>APPLICANTS</b> Audrey VanStockum, Chicago, IL; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/449,866 02/27/2003 <i>yes</i> <b>** FOREIGN APPLICATIONS *****</b> <i>NIN 211</i> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 05/13/2004						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <i>[Signature]</i> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 84
<b>ADDRESS</b> KRAMER & AMADO, P.C. Suite 240 1725 Duke Street Alexandria, VA 22314 UNITED STATES						
<b>TITLE</b> Method and composition for treating hypopigmentation of the hair and skin						
<b>FILING FEE RECEIVED</b> 653	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			